Arizona State Retirement System Non-Medicare HMO Medical Plan 2009/2010 Plan Comparisons

Plan Provisions	2009 Plan (effective thru Dec. 31, 2009)	2010 Plan (effective Jan. 1, 2010)
Calendar Year Deductible	None	None
	\$3,000 individual	\$3,000 individual
Out-of-pocket/Coinsurance Maximum	\$9,000 family	\$9,000 family
Maximum Lifetime Benefit	No maximum	No maximum
Outpatient Benefits	(1.5.V)	W S ()
PCP Office Visit	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$40 copay
Routine Office Physical	\$20 copay	\$20 copay
Examinations/Immunizations	\$20/\$40 copay	\$20/\$40 copay
Vision Exam	\$40 copay	\$40 copay
Hearing Exam	\$40 copay	\$40 copay
Outpatient Mental Health	\$40 copay	\$40 copay
Outpatient Hospital Services	30%	30%
Outpatient Hospital Services		
Outpatient Standard X-rays	\$20 copay	\$20 copay
Outpatient Specialized Scans	\$150 copay	\$150 copay
Outpatient Lab Tests	No charge	No charge
Durable Medical Equipment	No charge	No charge
Prosthetic Devices	50%	50%
Skilled Nursing Facility	No charge	No charge
Home Health Care	No charge	No charge
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Physical, Speech & Occupational Therapy	\$40 copay	\$40 copay
Inpatient Benefits		
Inpatient Hospital Expenses	30%	30%
Inpatient Mental Health	30%	30%
Prescription Benefits		
Generic/Brand	\$20/\$40 copay	\$20/\$40 copay
Mail Order (90-day supply)	\$40/\$80 copay	\$40/\$80 copay
Other Benefits	, strict Truy	· · · · · · · · · · · · · · · · · · ·
	\$75 copay	\$75 copay
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Emergency Room	(waived if admitted)	(waived if admitted)
Urgent Care Facility	\$40 copay	\$40 copay
Ambulance	No charge	No charge
Vision Benefits	- C	5
	\$50 lens allowance	\$50 lens allowance
	\$50 frames allowance; or	\$50 frames allowance; or
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Lenses and Frames	\$100 contact allowance	\$100 contact allowance
Hearing Aids	\$200 allowance per calendar year	\$200 allowance per calendar year
Dramium:		
Premium:	0.454 / 0000	#400 / #00C
Maricopa, Pima, Pinal	\$454 / \$908	\$498 / \$996
All other counties	\$454 / \$908	\$498 / \$996
Yellow highlight indicates a change from 2009 plan		